

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
COMMUNITY ENVIRONMENTAL SERVICES

13-3276

## LAND DISPOSAL INSPECTION REPORT

Disposal Facility <b>BARKMAN LANDFILL</b>	Facility Address <b>R.D. #1, Honey Brook, RTE. 10</b>
County <b>CHESTER</b>	Municipality <b>HONEY BROOK TWP.</b>
Proprietor's Name <b>MR. ERNEST BARKMAN</b>	Proprietor's Address <b>SAME</b>

CC

Type Record

6

1

Identification Number

100812

2-7

Inspection Date

MO  
04DA  
06YR  
72

8-13

Reinspection Date

04

20

72

14-19

CMPL 1	N-CMPL 2	N/A 3
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1. ALL WEATHER ACCESS ROADS TO THE SITE FOR TWO-WAY TRAFFIC OR SEPARATE ROADS FOR ONE-WAY TRAFFIC NEGOTIABLE BY LOADED COLLECTION VEHICLES.

1

0

0

20

2. TELEPHONE OR RADIO COMMUNICATIONS ACCESSIBLE TO THE SITE.

1

0

0

21

3. ADEQUATE EQUIPMENT FOR MINIMIZING FIRE HAZARDS AVAILABLE.

1

0

0

22

4. ALL BUILDINGS AND EQUIPMENT PROVIDED WITH FUNCTIONAL FIRE EXTINGUISHERS.

1

0

0

23

5. ACCESS LIMITED TO THOSE TIMES WHEN AN ATTENDANT IS ON DUTY.

1

0

0

24

- A. HOURS OF OPERATION PROMINENTLY POSTED.

0

2

0

25

- B. SUITABLE BARRIER AND FENCING BLOCKS ACCESS TO THE SITE WHEN AN ATTENDANT IS NOT ON DUTY.

1

0

0

26

6. APPROVED OPERATIONAL SAFETY PROGRAM FOLLOWED AT SITE.

0

2

0

27

7. ADEQUATE SANITARY FACILITIES PROVIDED FOR THE EMPLOYEES.

1

0

0

28

8. MAINTENANCE OF DAILY OPERATIONAL RECORDS.

1

0

0

29

9. FOLLOWING OPERATIONAL PLAN ITEMS FOLLOWED AT SITE:

- A. AREA TO BE FILLED

0

2

0

30

- B. SCHEDULE OF FILLING

0

2

0

31

- C. SITE PREPARATION

0

2

0

32

- D. SOURCE AND TYPES OF COVER MATERIAL

0

2

0

33

- E. SOURCE AND TYPES OF SUB-BASE

0

2

0

34

100047

	CMPL 1	N-CMPL 2	N/A 3	
10. EQUIPMENT PROVIDED FOR OPERATION OF THE SITE ADEQUATE IN SIZE AND PERFORMANCE CAPABILITY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		35
11. PROVISIONS AVAILABLE TO WEIGH AND/OR MEASURE ALL SOLID WASTE DELIVERED TO THE SITE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
12. UNLOADING AREAS CLEARLY INDICATED AND RESTRICTED TO WITHIN THIRTY FEET OF THE WORKING FACE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
13. SIZE OF THE WORKING FACE CONFINED TO AN AREA WHICH CAN EASILY BE COMPACTED AND COVERED DAILY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
14. BLOWING LITTER CONTROLLED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		39
15. SOLID WASTE SPREAD AND COMPACTED IN LAYERS NOT EXCEEDING A DEPTH OF TWO FEET.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
16. INDIVIDUAL CELLS EIGHT FEET THICK OR LESS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
17. UNIFORM LAYER OF COVER MATERIAL, COMPACTED TO A MINIMUM OF SIX INCHES, PLACED ON ALL EXPOSED SOLID WASTE AT THE END OF EACH WORKING DAY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
18. AN INTERMEDIATE LAYER OF COVER MATERIAL, COMPACTED TO A MINIMUM UNIFORM DEPTH OF ONE FOOT, PLACED ON COMPLETED LIFTS IN AREAS WHERE THERE IS CLEAR INTENTION TO PLACE ANOTHER LIFT WITHIN ONE YEAR.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43
19. A FINAL LAYER OF COVER MATERIAL, COMPACTED TO A MINIMUM UNIFORM DEPTH OF TWO FEET PLACED OVER THE ENTIRE SURFACE OF EACH PORTION OF THE FINAL LIFT.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	44
20. SUITABLE STANDBY EQUIPMENT AVAILABLE TO THE SITE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		45
21. DISPOSAL OF SEWAGE SOLIDS, LIQUIDS AND HAZARDOUS WASTE HANDLED WITH THE APPROVAL OF THE DEPARTMENT OF ENVIRONMENTAL RESOURCES.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	46
22. BULKY WASTES PROPERLY DISPOSED.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47
23. REGULATION BAN ON OPEN BURNING ADHERED TO AT THE SITE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		48
24. DUST CONTROLLED AT SITE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		49
25. REGULATION BAN ON SCAVENGING ADHERED TO AT THE SITE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		50
26. SALVAGING AT SITE OCCURS IN ACCORDANCE WITH REGULATIONS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	51
27. SURFACE WATER IS SATISFACTORILY MANAGED AT THE SITE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		52
28. FINAL SLOPES AT LEAST ONE PERCENT BUT NOT GREATER THAN FIFTEEN PERCENT OR AS APPROVED BY THE DEPARTMENT OF ENVIRONMENTAL RESOURCES.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	53
29. SATISFACTORY VEGETATIVE GROWTH ESTABLISHED TO PREVENT EROSION OF THE FINAL SOIL COVER (Weather Permitting).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54
30. REGULATION BAN ON UNTREATED LEACHATE DISCHARGE TO SURFACE ADHERED TO AT SITE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		55
31. LEACHATE TREATMENT FACILITIES OPERATED SATISFACTORILY AT SITE.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	56
32. AN EFFECTIVE VECTOR CONTROL PROGRAM UTILIZED AT SITE (Where Needed).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57

100048

YES

1

NO

2

☐☒

58

ARE HAZARDOUS WASTES RECEIVED AT THE SITE?  
(If Yes, List Types on Next Page.)

## CORRECTIVE PRIORITY PROGRAM:

THE FOLLOWING ITEMS ARE NOT IN COMPLIANCE WITH PA.  
DEPT. OF ENVIRONMENTAL RESOURCES STANDARDS

- 5A - HOURS OF OPERATION SHOULD BE POST PROMINENTLY  
AT THE SITE. IF SITE IS NOT OPEN TO PUBLIC,  
SIGNS INDICATING THIS SHOULD BE POSTED.
- 6 & 9 - PHASE I OF MODULE HAS NOT BEEN SUBMITTED,  
30 DAYS HAS BEEN GIVEN FOR MR. BARKMAN'S  
ENGINEER TO SUBMIT THIS.
- 19 FINAL COVER REQUIRED OVER EDGES OF FILL.
- 22 & 26 REMAINING JUNK CARS AND OTHER METALLIC BULK WASTES  
MUST BE REMOVED.
- 28 SLOPES MUST BE ADJUSTED TO 1% MINIMUM TO  
15% MAXIMUM.

Bruce D. Beutler

SANITARIAN (Signature)

277-3210 or TRG-0306

876 0306

OPERATOR (Signature)

876 0306 000049

Identification Number **100812**  
2-7

Inspection Date **04 06 72**  
8-13

1. PER DAY  
2. PER WEEK  
3. PER MO.  
4. PER YEAR

1. TYPES OF SOLID WASTE RECEIVED

	YES 1	NO 2	TONS	
A. AGRICULTURAL WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	14-21
B. COMMERCIAL WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	22-29
C. CONSTRUCTION AND DEMOLITION WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	30-37
D. DOMESTIC AND HOUSEHOLD WASTE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>0006.40</b>	38-45
E. INDUSTRIAL WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	46-53
F. PARK AND BEACH WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	54-61
Card Code <b>B</b>				
G. PATIENT CARE INSTITUTION WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	14-21
H. SEPTIC TANK WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	22-29
I. SEWAGE TREATMENT PLANT AND PUMPING STATION WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	30-37
J. STREET AND ALLEY WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	38-45
K. TREE AND LANDSCAPING WASTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	46-53
L. OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	54-61

STATE QUANTITIES OF SOLID WASTE RECEIVED PER DAY **000006.40** 62-70

Card Code **C**

LIST TYPES OF HAZARDOUS WASTE

	CODE	TONS	
1. _____	<input type="text"/>	<input type="text"/>	14-24
2. _____	<input type="text"/>	<input type="text"/>	25-35
3. _____	<input type="text"/>	<input type="text"/>	36-46
4. _____	<input type="text"/>	<input type="text"/>	47-57
5. _____	<input type="text"/>	<input type="text"/>	58-68

Card Code **D**

	CODE	TONS	
6. _____	<input type="text"/>	<input type="text"/>	14-24
7. _____	<input type="text"/>	<input type="text"/>	25-35
8. _____	<input type="text"/>	<input type="text"/>	36-46
9. _____	<input type="text"/>	<input type="text"/>	47-57
10. _____	<input type="text"/>	<input type="text"/>	58-68

TOP SECRET

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